



## Indiana State Teachers' Retirement Fund

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### REQUEST TO PURCHASE ADDITIONAL SERVICE CREDIT

#### PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed with this information.

#### General Information

Indiana Code 5-10.2.-3-1.2 permits an active member to purchase one (1) year of additional service credit with the Indiana State Teachers' Retirement Fund (ISTRF) for each five (5) years of ISTRF or Public Employees' Retirement Fund (PERF) covered employment.

Eligibility to purchase Air Time Service:

1. Currently employed in a TRF covered position.
2. Have at least ten (10) years of TRF or PERF covered employment.

This service may not be used in claiming a retirement benefit until payment in full has been made and you have accumulated ten (10) years of service not including any purchased service.

If your years of service are:		You are Eligible to
At least	Less than	Purchase
10	15	2
15	20	3
20	25	4
25	30	5
30	35	6
35	40	7
40	45	8
45	50	9

#### Procedures for Purchase of Service

If you meet these criteria, please complete Part 1 of this form. Have your current employer complete Part 2. When both parts are completed, please return the form to ISTRF. Upon receipt of the complete form we will calculate the cost of the service and return an assessment to you. If you wish to purchase the service, you must complete the assessment and return it the ISTRF along with your payment. Checks are to be made out to the: **INDIANA STATE TEACHERS' RETIREMENT FUND.**

#### Refunds

If you purchase service and elect to withdraw from TRF prior to becoming eligible to receive a monthly benefit, the amount you have paid plus accumulated interest will be refunded to you.



## Request to Purchase Additional Service Credit

State Form 52006 (12-04)  
Approved by the State Board of Accounts, 2004

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### PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address and signature. We will mail you the information.

### INSTRUCTIONS:

1. Please complete Part 1, then forward to employing school unit.
2. Please complete Part 2, then forward to the Indiana State Teachers' Retirement Fund.

### Part 1: Applicant Information and Authorization to Release Information

I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit with the Fund.

Member name (first, middle, last)

TRF number (required)

Date of Birth (*mm/dd/yyyy*)

Address (*number and street*)

City

State

ZIP

Home telephone

Other telephone

E-mail address

Number of years I wish to purchase (*Please refer to the table in the instructions for the maximum amount*)

Signature

Date (*mm/dd/yyyy*)

### Part 2: Current Employer Information

This certifies that the above named individual is employed by us in a TRF covered position.

Title of position

Hire Date (*mm/dd/yyyy*)

Annual salary

Signature of authorized agent

Date (*mm/dd/yyyy*)

Printed name of authorized agent

Telephone number

Name of employer

School unit number

Note: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.